CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT-APPOINTED COUNSEL 1. CIR./DIST./DIV. CODE 2. PERSON REPRESENTED VOLICHER NUMBER 0981 Derrick Maurice Jackson 3. MAG. DKT./DEF. NUMBER 4. DIST. DKT./DEF. NUMBER 5. APPEALS DKT/DEF, NUMBER OTHER DKT. NUMBER 2:25-CR-00043-1-RAJ 7. IN CASE/MATTER OF 8. PAYMENT CATEGORY O. TYPE PERSON REPRESENTED 10. REPRESENTATION TYPE (Case Name) USA v. Jackson Felony (including pre-trial diversion of Adult Defendant Criminal Case alleged felony) 11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense 21:846=CD.F.18:1956-6801.F.18:1956-6801.F,18:924C.F,18:924C.F,21:841A=CD.F,21:8 12. ATTORNEY'S NAME (First Name, M. I., Last Name, including any suffix) 3. COURT ORDER AND MAILING ADDRESS O Appointing Counsel C Co-Counsel Stephan R. Illa - Bar Number: 15793 F Subs For Federal Defender X R Subs For Retained Attorney Y Standby Counsel P Subs For Panel Attorney P O Box 10033 Bainbridge Island, WA 98110 Prior Attorney's Name: Lennard Nahajski Phone: 206-817-4142 Appointment Dates: 5/15/2025 Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose 14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions) name appears in Item 12 is appointed to represent this person in this case, OR Law Offices of Stephan R. Illa, Inc., P.S. - TIN: XX-XXXXX91 Other (See Instructions) P.O. Box 10033 Bainbridge Island, WA 98110 Phone: 206-817-4142 Signature of Presiding Judge or By Order of the Oourt 6/5/2025 Date of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time appointment. ☐ YES X NO CLAIM FOR SERVICES AND EXPENSES FOR COURT USE ONLY MATH/TECH. ADJUSTED MATH/TECH. ADJUSTED TOTAL AMOUNT HOURS ADDITIONAL CATEGORIES (Attach itemization of services with dates) CLAIMED REVIEW CLAIMED HOURS AMOUNT 15. a. Arraignment and/or Plea b. Bail and Detention Hearings c. Motion Hearings d. Trial e. Sentencing Hearings f. Revocation Hearings g. Appeals Court h. Other (Specify on additional sheets) (RATE PER HOUR = \$ 0.00) TOTALS a. Interviews and Conferences 16. b. Obtaining and reviewing records Out c. Legal research and brief writing d. Travel time e. Investigative and other work (Specify on additional sheets) (RATE PER HOUR = \$ 0.00) TOTALS 17 Travel Expenses (lodging, parking, meals, mileage, etc) Other Expenses (other than expert, transcripts, etc) GRAND TOTALS (CLAIMED AND ADJUSTED) 19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE 0. APPOINTMENT TERMINATION DATE 21. CASE DISPOSITION IF OTHER THAN CASE COMPLETION 1/1/1901 1/1/1901 22. CLAIM STATUS Interim Payment Number ☐ Supplemental Payment ■ Withholding Payment Final Payment (---) X Yes No Yes Have you previously applied to the court for compensation and/or reimbursement for this case? If yes, were you paid? ☐ No Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this I swear or affirm the truth or correctness of the above statements. Signature of Attorney APPROVED FOR PAYMENT - COURT USE ONLY 23. IN COURT COMP 24. OUT OF COURT COMP 25. TRAVEL EXPENSES 26. OTHER EXPENSES 27. TOTAL AMT. APPR./CERT. \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 28. SIGNATURE OF THE PRESIDING JUDGE 28a. JUDGE CODE DATE 29. IN COURT COMP. 30. OUT OF THE COURT COMP. 31. TRAVEL EXPENSES 32. OTHER EXPENSES 33 TOTAL AMT. APPROVED \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 34 SIGNATURE OF THE CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE))ATF 4a. JUDGE CODE ERTIFIED AMT.

Payment approved in excess of the statutory threshold amount